NN/LM
National Network of Libraries of Medicine
New England Region

New England Sounding Line

Full Staff___Full Sail
by John A. Stey, Associate Director
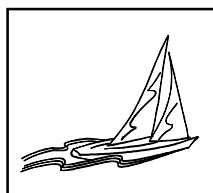
We are sailing into the new year with a full staff. Join us in welcoming Pam White as the Consumer Health Information Coordinator for the New England Region. She previously managed a community health library at the Merle West Medical Center in Klamath Falls, OR. Pam will be visiting several public libraries and health sciences libraries to obtain a sounding on consumer health activity in the region. Your thoughts, concerns and needs related to accessing and integrating consumer health information into your services would be greatly appreciated. Pam can be reached at 860-679-8493 or at pwhite@nso.uchc.edu. We are happy to have her on board and look forward to charting new waters with full sails.

Thanks to the efforts of Geoffrey Gerrietts, NER Technology Coordinator, there were no Y2K glitches as we tacked into the new millennium. We have not heard of any major problems in the region and hope there are none on the horizon. Ed Donnald continues to monitor the progress of the release of the web-based DOCLINE®, DOCUSER® and SERHOLD®. Daniel Dollar and Nancy Putnam are planning spring travel to points north and exploring the possibility of PubMed training via videoconferencing. Keep your eye peeled for an announcement on the NEHSL-L list. Cheryl Sinkler is taking reservations for the NCBI free training on GenBank and other molecular biology databases on March 28th and 29th at UCHC. See Daniel Dollar's post on NEHSL-L, 1/14/00 for more details. Elizabeth Clark is making arrangements for several meetings to be held in March and April at the Publick House in Sturbridge, MA. The dates for the annual ILL/Document Delivery meeting and the RAC meeting will be confirmed shortly.

We are pleased to announce that five consumer health proposals will be funded by NLM for the coming year. They include: Massachusetts General Hospital's Treadwell Library $39,955; the University of Massachusetts Medical School, the Lamar Soutter Library $39,994; Maine General Medical Center Library $40,000; St. Francis Hospital & Medical Center, Health Learning Center $10,000; and the University of Connecticut Health Center, Lyman Maynard Stowe Library, HealthNet $39,511. Congratulations to those who were awarded funding and we thank all network members who took the time to submit a proposal. For a description of the projects, please check the NER website at **http://www.nnlm.nlm.nih.gov/ner**/. The Spring NER Outreach RFP will be mailed out and posted on the list in early February. We encourage everyone who has an idea or need for funding to apply. Don't hesitate to call the NER office if you have questions about submitting a proposal.

We anticipate smooth sailing this year and look forward to working for you and writing a proposal for the next five years.

Marketing the Hospital Library
by Nancy Putnam, Outreach Coordinator

At the December CAHSL (Connecticut Association of Health Science Librarians) meeting Robert McDonald from the University of Connecticut Marketing Department gave a presentation entitled *Marketing the Hospital Library: What you ought to do in the aughts.* It was an excellent presentation and worthy of a summary for the entire region to experience.

Increasing economic pressures on hospitals are placing more stress on staff, resources, and even patient care. As a result more effort is being spent on strategic planning, mergers, marketing, and finance with **everything** subject to cost-benefit justification. The value of hospital libraries may be called into question. How should a library adapt?

First you must take stock of the situation. This can be done using the **SWOT** analysis.
· What are the **S**trengths of the library?
· What are the **W**eaknesses of the library?
· What can the library **O**ffer?
· What forces are **T**hreatening the library's survival?

Next you must decide who your customers or the people you want as advocates. When dealing with libraries there are two general types of customers. The first type are those who may not have a direct interest in the library, but rather a greater interest in the company as a whole, such as the administrators. They will be advocates of the library only if they see it as contributing to the greater good of the institution. The others are those who have a personal need for the library, such as the medical staff and patients. The needs of and marketing strategies for each of the two are different yet both must be taken into account.

Once you have decided who you need to be marketing to you can move on to the Four Ps.
· **Product** - Define the products and services currently offered, take inventory of what you offer, you may have even forgotten yourself. Decide if there is a market or need for these services. Eliminate the ones that are not being used to make time for new more useful offerings. Are people using the services you provide? Why or why not? Would they use the library more if they knew about the services, and/or if they were more accessible? What other products/services can you offer that are not currently available. SDIs, patient packages, computer skills training and database searching classes increase or refine what the library can do for its patrons and creates value and dependency.

· **Price** - Can the library increase fee revenue (Loansome Doc)? Are alternative funding sources such as grants or subcontracts available? Ask yourself is the library running as efficiently as possible? And are there any new cost-effective services that add value? Ask your colleagues how they perform certain tasks to see if their way is more efficient and less expensive.

· **Place** - Unfortunately not all medical libraries are well located within their institutions. Visibility can be a major problem. One idea is to become buddies with facilities maintenance and get the proper signage directing people to the library. Also bulletin boards located in another area of the institution directing people to the library and its services are great tools for increasing

visibility. Another idea is to bring the library to the customer. This can be accomplished by using the Internet, email, telephone, or even physically taking items from the library to others in the institution. If nurses request some information bring it up to them on the floor so that the other staff get to know you and become aware of what you can do for them.

- **Promotion** - 4Ps and a D
  - **Paid Advertising** - Although most libraries have limited budgets there are places where this could be used such as public service announcements, in house communication departments, and fliers.
  - **Sales Promotions** - These are used to get immediate response from customers. Items such as a free trial literature search or a library logo bookmark or pen, a contest, customer recognition program or an annual reception for all staff members who published that year. Be a part of every hospital program or open house.
  - **Public Relations** - A powerful tool with limited cash cost. Gives the library credibility and exposure. Sponsor educational programs such as having the RML come teach a CME training session. Put together press packages and be available to the media. When medical information is needed for a news story make the media aware that you are available to help them, giving both you and the institution credit and exposure.
  - **Personal Selling** - Staff must sell the library to its customers. Be positive and responsive to the patrons. Make them wonder how they could ever live without you.
  - **Direct Marketing** - Include a information sheet in new patient packages, get on the agenda for new employee orientation, even for just two minutes or provide an information sheet with free tour offers to new staff. Extend their time through your support; offer training and searching services.

Now that you know the steps, make it a priority to find the time to increase your visibility and promote your services. Adapting to the changing environment by developing new services or promotions and ways to deliver those services will help the library become an invaluable part of the hospital.

Thanks again to Robert McDonald for permission to summarizes his presentation.

Consumer Health Coordinator Introduction
by Pam White, Consumer Health Coordinator

Hello. My name is Pam White. I am the new Consumer Health Coordinator for the New England Region of the National Network of Libraries of Medicine. I am delighted to meet new people and explore new places.

My library experience includes work in school, academic and special libraries. Prior to becoming Consumer Health Coordinator, I managed the clinical and consumer health libraries for Merle West Medical Center in Klamath Falls, Oregon. I studied for my MLS at UCLA, specializing in Information Systems Analysis and Database Design. UCLA, being the Pacific Southwest Regional center for NN/LM, provided excellent training in medical librarianship.

Many of you have already begun or established consumer library services. I look forward to learning about your trials and tribulations, assisting with solutions, and helping to publicize those services you would like to offer to the public. From what I have viewed on your websites, New England is well on the way to providing access to quality health information for consumers.

Those of you who are considering establishing or expanding consumer health information services may wish to call upon me for assistance or guidelines. I am available to help you find bibliographies for collection development, grant information, reference resources, instructional materials, and regional network contacts. If you know of a librarian, public or otherwise, who does not receive this newsletter, but may be interested in improving consumer health information services, please have them contact me at (860) 679-8493 or e-mail at pwhite@nso.uchc.edu

The Electronic Frontier-Firewalls

by Geoffrey Gerrietts, Technology Coordinator

Most institutions with a permanent connection to the Internet are now surrounded by some kind of firewall. In some cases, this doesn't visibly impact what we in the libraries are trying to do. In other cases, it does, and sometimes subtly. This article will attempt to describe how firewalls are constructed, and how firewalls might affect your operations.

In a very general sense, most networks look very much like Figure 1. A bunch of local machines get to the internet by sending traffic through a gateway machine. The gateway machine is plugged into a high-capacity network line that leads off into the Internet. Usually this line is a T1 line, or an ISDN line, or a DS line, or some similar high-bandwidth technology.

The idea of the firewall is to make use of this natural bottleneck to prevent unauthorized access to the machines on the local network. A firewall could be envisioned as some kind of Checkpoint Charlie that sits between the Internet and the gateway machine.

Figure 1

Different institutions implement the firewall in different ways. The one common factor is that the machine that does the actual firewalling must physically stand between the local network and the Internet. Sometimes the machine will act as a gateway for local machines, performing some routing functions between the local network and the Internet, and sometimes it will do nothing else besides firewalling.
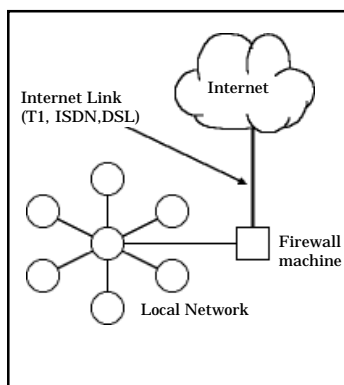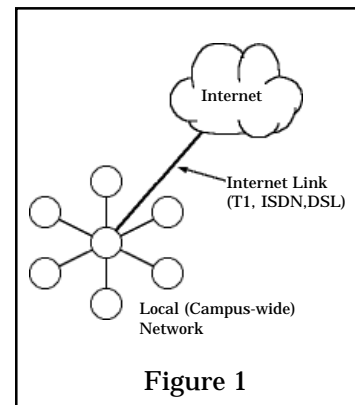
The actual "firewall" is formed by denying connection requests coming in from the network. Usually, when an attacker is trying to invade a system, the attacker must open some kind of connection to the system. Once the attacker can make a connection, he or she can gain access to other parts of the system. The attacker often needs a certain type of connection in order to take advantage of security holes in the machine's software -- a telnet connection, for example, or an FTP connection. A firewall aims to limit the number and variety of connections available for the potential attacker to exploit.

In other words, a firewall sorts through incoming connection requests, and blocks unauthorized connections. The person who configures the firewall determines which connections are authorized and which are not. Usually, whole classes of connections are denied, effectively blocking access to network services on the local LAN. Additional types of blocking are employed, also -- sometimes specific sites will be denied any access to the local network at all, and sometimes the firewall will be configured to allow access to network services only on certain secure machines.

The problems that arise from this sort of setup usually aren't immediately obvious. Most things -- web browsing, outbound telnet, email, most FTP -- work just fine. Sometimes, though, FTP won't work right. And anyone who uses IRC, ICQ, or AOL's Instant Messenger will also see some occasional problems -- file transfers won't work properly, chat sessions aren't available, and other glitches may appear. These services -- and some FTP servers -- require the ability to establish a connection with your machine. Most firewalls are not configured permissively enough to allow this unless you specifically request it and demonstrate a need.

An additional problem is more likely to surface for casual users. One of the services network administrators frequently deny to the outside world is DNS, the domain name system service. The domain name system is the collection of protocols used to map IP addresses to hostnames and vice versa. It's what allows you to type www.yahoo.com instead of 204.71.200.67. Frequently, IT personnel will provide DNS service to the local network, but will not inform the Internet as a whole about the names of the machines on the local network.

New DOCLINE System Update
by Ed Donnald, Network Coordinator

I recently read *The Wizard of Oz* to my sons at bedtime. Now mind you, this was the origianl version and I recounted Dorothy's adventures from my backlit Palm Pilot as they drifted off to sleep. As I sit here thinking about the adventure of New DOCLINE that we in medical libraries are in the midst of, I keep thinking about the classic by L. Frank Baum and the movie that was subsequently made.

The cyclone that we are dealing with is a storm of frustration. The system isn't being brought up fast enough, we don't like the way things are displayed and of course, it's different. Life is full of storms but they are usually followed by a cloud with a silver lining. You should already have logged onto the new DOCLINE by now. If you are having trouble, please let the NN/LM NER office know. Once you are connected, you'll notice, that as the 1939 film brought color to the big screen, the bright colors of the web have done the same for ILL.

Next we have our cast of characters. There are lions who are afraid of the new system and are resisting it's advance. There are scarecrows who don't think that they are smart enough to be able to interact with the new system. There are tin woodman who feel their Internet skills are rusty and they don't have the heart to change the way they've always done things. And finally, there are Dorothy's out there who are following the Yellow Brick Road, keeping up to date on events and trying to find their way. We know that everyone turns out happy in the movie, and it's my hope that whoever you are, when this adventure is over, we will all be smiling.

The NLM is of course the wizard using it's Java Script to have things happen behind the curtain of HTML. Just as Dorothy needed to link the ruby slippers with the knowlege on how they worked, we too shall gain the knowledge on how to make the new DOCLINE system work and to appreciate where it can take us.

It should take about 30 minutes or less to update your record. If you are having trouble, give the office a call. Click on the DOCUSER icon after logging on and then choose Update. The open book indicates which module you are in. Review the five categories, Address, Codes, Contacts, Interlibrary loan and Services and any subcategories (there are 20) under the drop down menu on the left. Make sure you click on the Save button after making changes on a page.
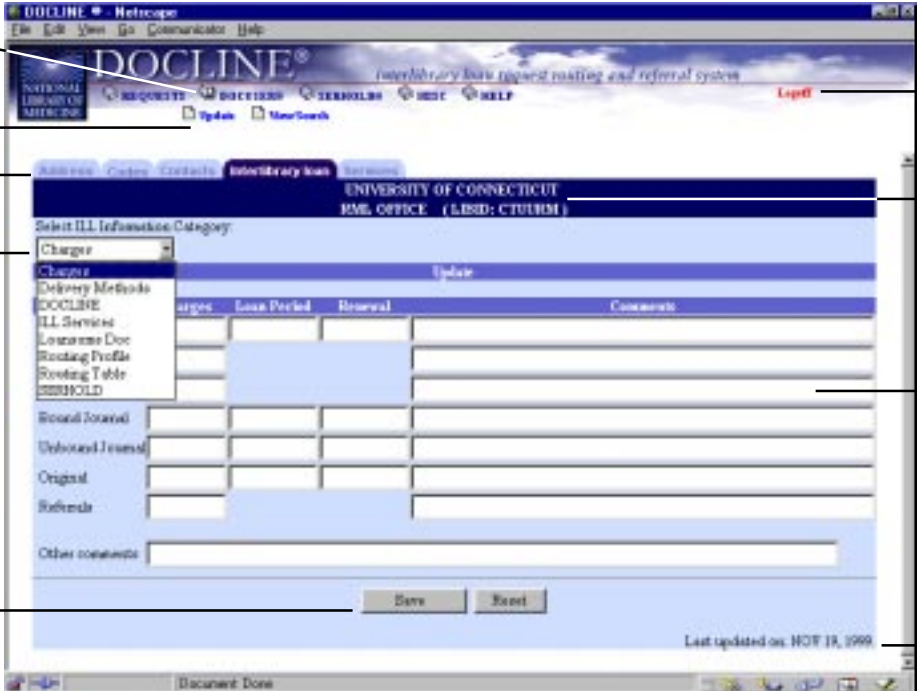

Indicates you are in DOCUSER

Update mode

Five categories

Subcategories in drop down menu

Remember to click on the Save button

Logoff

New LIBID noted

Fill in the blanks.

Indicates when that page was last updated

Education Notes
by Daniel Dollar, Education Coordinator

Internet Searching Tips and Tricks
The Internet has been called a "library in ruins." As information professionals we can understand the importance of that comment, especially when you compare the web to databases such as MEDLINE with its ordered structure and controlled vocabulary. So for this month's article, we are going to look at some helpful search strategies to guide you when out trying to surf through those ruins.

There are three basic types of Internet search engines, basic search engines, such as Northern Light and Google; subject-directory engines, such as Yahoo!; and meta-search engines that search multiple search engines like Inference Find and Profusion. To learn more about search engine types, consult the search engine section of the NER web page "Roadmap to the Information Highway at **http://www.nnlm.nlm.nih.gov/ner/education/info_hwy.html**.

Master more than one search engine
An article in *Nature* (8 July 1999, pp. 107-109) reported that no one search engine indexes more than 16% of the Internet. So one of the first strategies is to learn two or three search engines well. Use them often enough to master their features.

Help screens can be helpful
In mastering a new Internet search engine, first try to find and use the help resources provided. Google (**http://www.google.com**), one of my favorite search engines, has its help information listed under the *About Google* link. You can then click on *Google Help* under *How to Google*, and find out among other things that the "OR" Boolean operator is not supported by that search engine.

Don't forget the Boolean Logic
All web search engines use all or most of the Boolean logic operators of AND, OR, and NOT. However, like most things on the web there is no consistency in how you enter these operators in your searches or what is the default operator used by a given search engine.

> **All the words**, **all**, **+** are used by search engines to represent AND. For example, you could use the following search, *+pfiesteria +"Chesapeake Bay"*, in AltaVista (**http://www.altavista.com**) to search for information on pfiesteria AND the Chesapeake Bay.

> **Any of these words**, **any** are used by search engines to represent OR. Using HotBot (**http://www.hotbot.com**), type in *diabetes insulin* and then change the "look for" setting on the green sidebar to **any of these words** for a search of *diabetes* OR *insulin*. Compare the results by changing the setting back to **all the words** and rerunning the search.

> **Dash (-)** is used by search engines to represent NOT. Northern Light (**http://www.northernlight.com**) allows you to use either NOT or the Dash (-); to construct such a search, try: *pneumonia -HIV*.

It is important to determine what Boolean operator the search engine is using as the default. HotBot, Google, and Northern Light all automatically search using AND between keywords or phrases. However, AltaVista, Excite, and InfoSeek have OR set as the default operator between keywords or phrases.

Field Searching
Searching in specific web page fields is an excellent way to make your searches more precise. Among the more common fields are URL (web address) and Title of a web page, but they are by no means the only fields available to you. For example using Northern Light, you could search NIH web sites with the words *human genetics* in the web page's title with the following search: *URL:nih.gov AND Title:human genetics*. [The AND is not required since Northern Light's default is the AND operator.]

Additional Tips
Below are some added pointers, check the help screens of a search engine to verify if you can use them.

· Use "Quotation marks" around phrases. e.g. "hazardous waste."
· Employ a truncation (*) symbol to find plurals and/or word variations. e.g. test* finds: test, testing, tests.
· Parenthesis can be used to create more complex searches: cancer AND (lung OR colon).
· Capitalize proper names. e.g."American Cancer Society."

Final Thoughts
· For *comprehensiveness* use a search engine with a large database. e.g. AltaVista.
· For greater *selectivity* use a subject-directory search engine. e.g. Yahoo!
· For *difficult* or *hard-to-find* subjects use a meta-search engine. e.g. Inference Find.
· Always check your spelling, and think about synonyms or related keywords.

More information on Internet searching can be found at Search Engine Watch at **http://searchenginewatch.com/**, and the NER web page, "Roadmap to the Information Highway," at **http://www.nnlm.nlm.nih.gov/ner/education/info_hwy.html**.

Here's to happy surfing in the new millennium!

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To ensure that your EFTS account is credited properly, please make sure that your LIBID is included on the check. This will eliminate any unnecessary "investigating" on our part and that you will receive credit for your check.

In most cases, this doesn't cause any trouble at all. Most of the things casual users will want to do won't require that the host's name be visible to reverse DNS. Two cases that I'm aware of do require that access, though. Several secure sites that include cryptographic or secure software (such as Netscape) require a DNS record to verify that your machine is actually located in the US or in Canada. Additionally, many sites employ a software package called "TCP Wrappers" to provide firewall-like control over access to the services they provide. This package, checks to ensure that hostname and IP address match, to prevent attackers from gaining access under an assumed name.

At heightened levels of security, additional inconveniences are possible, if not necessarily likely. Like much in life, firewalling requires some tradeoffs -- these days, we trade some minor inconveniences for additional security. Compared to the earliest firewalling solutions, where access to the outside world was very nearly impossible, today's solutions are practically invisible.

Current Countway 1999 Subscriptions List Now Available

A comprehensive and updated listing of the approximately 3,000 serial titles currently (as of subscription year 1999) received on subscription by the Countway Library of Medicine at the Harvard Medical School is now available for purchase by interested institutions and individuals. This volume of over 300 pages has a soft cover with a plastic binding and contains titles, linking enteries, and complete holdings statements.

Checks or money orders for the amount of $20.00 (this includes postage) should be made payable to Francis A. Countway Library of Medicine and sent to Elizabeth Curry, Resource Management Dept., Countway Library, 10 Shattuck Street, Boston, MA, 02115. You may call (617) 432-1378 for additional information.

Technical Notes

- New Online Syndrome Resource: Multiple Congenital Anomaly/Mental Retardation
- New PubMed Limits Added
- PubMed MEDLINE Update Schedule Revised
- MeSH® in USMARC Format Available To Download
- American Hospital Association Ceases Printing and Distribution of Hospital and Health Administration Index

Year-End Processing

- Annual Update to Medical Subject Headings: 2000 MeSH
- Other Changes in MEDLINE 2000
- Coming Features: PubMed, IGM, Next Generation Gateway

MeSH Coming Attractions

- New in 2000 MeSH

Fees and New Format for Leased NLM Databases in 2000

2000 Update Schedule for MEDLINE on PubMed and Internet Grateful Med (IGM) [corrected 1999/12/02]